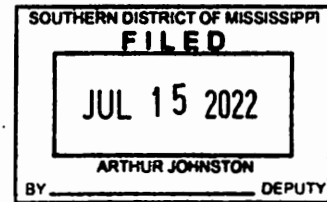FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

__Tillman__
(Last Name)   (Identification Number)

__Michael__
(First Name)   (Middle Name)

__Clarke County Jail__
(Institution)

__444 West Donald St__
(Address)

(Enter above the full name of the plaintiff, prisoner and address
of plaintiff in this action)

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┌─────────────────────────────────┐
│ SOUTHERN DISTRICT OF MISSISSIPPI │
│           FILED                  │
│      ┌──────────────┐            │
│      │ JUL 15 2022  │            │
│      └──────────────┘            │
│        ARTHUR JOHNSTON           │
│  BY _____ DEPUTY   │
└─────────────────────────────────┘
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V.   CIVIL ACTION NUMBER: __2:22-cv-96-TBM-RPM__

__Clarke County Jail__

__Todd Kemp__

__Barry White__

(to be completed by the Court)

(Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

A.   At the time of the incident complained of in this complaint, were you incarcerated?
     Yes (✓)   No ( )

B.   Are you presently incarcerated?
     Yes (✓)   No ( )

C.   At the time of the incident complained of in this complaint, were you incarcerated because
     you had been convicted of a crime?
     Yes ( )   No (✓)

D.   Are you presently incarcerated for a parole or probation violation?
     Yes ( )   No (✓)

E.   At the time of the incident complained of in this complaint, were you an inmate of the
     Mississippi Department of Corrections (MDOC)?
     Yes ( )   No (✓)

F.   Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
     Yes ( )   No (✓)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: _Michael Tillman_ Prisoner Number: _____

Address: _444 West Donald St._

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: _Barry White_ is employed as _Jail Administrator_ _Cheif deputy_ at _Clarke County Jail_

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: _Michael Tillman_ ADDRESS: _444 West Donald St_

DEFENDANT(S):

NAME: _Clarke County Jail_ ADDRESS: _444 West Donald St._
Barry White
Todd Kemp

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING
The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A.   Have you ever filed any lawsuits in a court of the United States?   Yes ( )   No (✓)

B.   If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.
    1.   Parties to the action:_____

    _____

    2.   Court (if federal court, name the district; if state court, name the county):_____

    _____

    3.   Docket Number:_____

    4.   Name of judge to whom case was assigned:_____

    5.   Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)_____

    _____

CASE NUMBER 2.
    1.   Parties to the action:_____

    _____

    2.   Court (if federal court, name the district; if state court, name the county):_____

    _____

    3.   Docket Number:_____

    4.   Name of judge to whom case was assigned:_____

    5.   Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)_____

    _____

STATEMENT OF CLAIM

III.   State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

I been denied bond I been denied medical no free sunlight in cell mold in the shower and sink I been denied law labrary corpal punishment The food dont come in heated cart The light over bunk on all the time gives me mental torture and margrine's bug bites do to the drains in the floor real nasty locked down in hole 13 hrs everyday torture No hot water in sink and water is contaimated **RELIEF** causes skin rashes.

IV.   State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Anything yall thinks that is right for me

Signed this MT day of July 11 , 20 22 .

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signature

Signature of plaintiff